ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 123

Registered No.

1. PLACE OF BIRTH

County Gila   State Arizona

District or Township San Carlos   or Village

City .... No. ....

(If birth occurred in a hospital or institution, give its NAME instead of street and number) ....St., ...Ward

2. Full name of child Naomi Smith

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child female

To be answered ONLY in event of plural births.

4. Twin, triplet or other ....

5. No., in order of birth ....

6. Legitimate? yes

7. Date of birth 5 / 7 /28.

Month Day Year

8. FATHER

Full name Clarence Smith

9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

10. Color or race 4/4 Indian

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Rice,
(State or country) Ariz.

13. Occupation
Nature of industry Machinist

14. MOTHER

Full maiden name Mariana Telto

15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

16. Color or race 4/4 Indian

17. Age at last birthday 25 (Years)

18. Birthplace (city or state) San Carlos,
(State or country) Ariz.

19. Occupation
Nature of industry Housewife

20. Number of children of this mother ....
(Taken as of time of birth of child herein certified and including this child).

{ (a) Born alive and now living 3
{ (b) Born alive but now dead 1
{ (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive
report
(Born alive or stillborn) at 11. A. m. on the date above stated.

{ * When there was no attending physician or midwife, then the father, householder, etc., should make this returns. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Sawyer M.D.
(Physician or midwife).

Given name added from a supplemental report ....
Month, day, year

Address San Carlos, Ariz.

Registrar. ....

Filed ...., 19....

C.H.Sawyer

Registrar.

528-507-436